

## **SJR 20: Prescription Drug Abuse**

Pharmacy Perspective-Chad Smith, RPh. Chair, Montana Pharmacy Association; Owner, Family Pharmacy and Lolo Drug

### Role of Pharmacy in Prescription Drug Abuse

1. Last line of defense to identify fraud and abuse
2. Pharmacists utilize a number of "tools" to help us make appropriate decisions when filling prescription for narcotics.
  - a. Foremost-our education about appropriate usage and dosing of narcotics
  - b. Familiarity with prescribers patterns-medications used, typical quantities prescribed, handwriting
  - c. Observations of patient behavior-gut feelings and red flags
  - d. Tamper-resistant features on prescriptions
  - e. Knowing your patients
  - f. More recently, the Prescription Drug Registry (PDR)

### PDR-How it is used in the pharmacy setting

At this point, what I am seeing and hearing is the range of utilization varies dramatically. Some pharmacies are using it only on schedule II medications, some only on pain relievers, some only for new patients, and some not at all.

### Benefits seen from the PDR

1. Identification of numerous patients who are "doctor shopping" and seeing multiple pharmacies
2. Counseling opportunities
3. Better collaboration amongst pharmacists and multiple providers
4. New providers to our area and residents at hospitals or Partnership Health are enjoying the ability to "start off on the right foot", to use one of our local doctors words
5. Potential to get patients addiction treatment

### Limitations and Potential Improvements to the PDR

1. Lack of data from all sources of prescriptions (VA, mental health, etc.)
2. Lack of data from other states
3. Search criteria limitations-For example, the same patient may be listed several times in the PDR if their name is spelled differently at different pharmacies. This takes extra time to search multiple files.
4. Lack of providers being able to have designated employees such as a nurse search the PDR for them

5. Lack of education or expectations of providers. Many providers have stated they simply do not know how to get started.
6. Provider complaints that they are not being notified if one of their patients is flagged as seeing multiple providers or pharmacies.

#### Other areas of progress towards curbing prescription drug abuse

1. Prescription Disposal: Pharmacies are still unable to take back any unused or unwanted controlled substances.
  - a. Operation Medicine Cabinet: Permanent drop-boxes for most medications, including controlled substances. Currently 24 sites across the state-grant money still available. Information available at [doj.mt.gov](http://doj.mt.gov).
  - b. Prescription Take-Back Days: Coordinated efforts with law enforcement.
2. Education increasing public awareness
  - a. Public Service Announcements
  - b. The Medicine Abuse Project: A 5-year campaign with the goal of preventing half a million teens from abusing medicine by 2017. Information available at [medicineabuseproject.org](http://medicineabuseproject.org).

#### Other challenges we still face

1. Irresponsible prescribing and lack of oversight of certain prescribers
2. Lack of e-prescribing for controlled substances. Currently 44 states have legislation allowing this but Montana does not.